

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

OFFICE OF OCCUPATIONAL & RADIOLOGICAL HEALTH

APPLICATION FOR CERTIFICATION AS A RADON ANALYTICAL SERVICES

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1. TYPE OF APPLICATION: ☐ INITIAL ☐ RENEWAL

If Renewal, current certification number: RAS-

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2. APPLICANT:

Facility Name: \_\_\_\_\_

Facility Director: \_\_\_\_\_

Street: \_\_\_\_\_ Telephone No. \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

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3. THE APPLICANT IS:

☐ An Individual ☐ A Corporation ☐ A Partnership

☐ An Unincorporated Association ☐ Other (Specify) \_\_\_\_\_

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4. RADON ANALYTICAL SERVICES REQUESTED:

Check all primary measurement techniques and services offered:

☐ Charcoal adsorption ☐ Alpha Track ☐ Continuous Radon Monitor

☐ Continuous Working Level Monitor ☐ Electret Ion Chamber

☐ Liquid Scintillation ☐ Water

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5. ATTACHMENTS:

☐ Attach a description of the quality assurance and quality control plans for each service and technique provided.

☐ Attach a list of all personnel performing analysis and/or readings.

☐ Attach a copy of all sample reporting forms used to inform clients of measurement results, including any guidance concerning the need for further measurements or mitigation.

☐ Attach evidence of licensure (if needed) as an analytical laboratory by the Rhode Island Department of Health.

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## 6. CERTIFICATION/AUTHORIZATION IN OTHER JURISDICTIONS:

Indicate all other federal, state or local jurisdictions in which the applicant currently holds a radon analytical service certification or other authorization to perform radon analysis or readings. Attach copies of all such licenses and/or authorizations.

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## 7. ENFORCEMENT ACTIONS IN OTHER JURISDICTIONS:

Are there any outstanding or past enforcement actions by a federal, state or local jurisdictions in conjunction with a radon analysis and/or reading performed by the applicant?

( ) Yes ( ) No

If yes, provide details.

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## 8. AFFIRMATION BY APPLICANT (This item must be completed by applicant)

I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true and to the best of my knowledge.

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Social Security Number (SSN) or  
Federal Identification Number (FEIN)

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

**PLEASE NOTE:** If you are a sole proprietor of a facility or business, then you must supply your Social Security Number (SSN). If you are an individual representing a facility or a business that is seeking licensure, then you must supply the Federal Employer Identification Number (FEIN) for the facility or the business.

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## 9. Fees:

A fee of two hundred twenty-five dollars (\$225) plus seventy-five dollars (\$75) for each additional primary service provided must accompany the application.

Total fee to be submitted: \$ \_\_\_\_\_

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Send completed application, attachments, and the appropriate fees(s)\* payable to GENERAL TREASURER, STATE OF RHODE ISLAND to:

**Rhode Island Department of Health  
Office of Occupational and Radiological Health  
3 Capitol Hill, Room 206  
Providence, Rhode Island 02908-5097**

**\*fee must be paid by check or money order.**

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